Arizona State Library
2004 LSTA Final Report
Part 1: Cover Sheet and Budget

Complete by Sept. 1, 2005, and return to: Laura Stone, Arizona State Library, 1100 W. Washington, Phoenix, AZ 85007.

COVER SHEET

Project Title _____

Project Number _____

Library Name _____

Project Director _____

Phone Number _____   E-Mail _____

LSTA Funds Awarded   _____

Cash Match   _____

In Kind Contributions   _____

Total Costs   _____

Number of Persons Served (include the total number of people who used project materials or resources, attended related programs, accessed related Web sites or related records, or participated in any way; if the project is ongoing, estimate the total number of persons served for a one-year period):   _____

LSTA Purpose (select the purpose that your project best addresses)
❒   Library technology, connectivity and services
❒   Services for lifelong learning
❒   Services to persons having difficulty using libraries

LSTA Arizona Goals (select the goal that your project best addresses)
❒   Information Technology
❒   Strategic Partnerships
❒   Cultural Diversity
❒   Community Focal Point
❒   Families and Children

IMLS Primary Performance Category (select one category)
❒   Enhance a lifetime of learning opportunities
❒   Provide access to information, resources and ideas
❒   Provide tools for the future
❒   Strengthen families and children
❒   Strengthen communities
❒   Sustain our cultural heritage

IMLS Secondary Performance Category (select one category)
- ❒ Enhance a lifetime of learning opportunities
- ❒ Provide access to information, resources and ideas
- ❒ Provide tools for the future
- ❒ Strengthen families and children
- ❒ Strengthen communities
- ❒ Sustain our cultural heritage

Primary Users: (select up to three from list)
- ❒ Adults
- ❒ Children
- ❒ Institutionalized persons
- ❒ Library staff and volunteers
- ❒ Non/limited English-speaking persons
- ❒ People with special needs
- ❒ Pre-school children
- ❒ Public library trustees
- ❒ Rural populations
- ❒ Senior citizens
- ❒ Statewide public
- ❒ Urban populations
- ❒ Young adults and teens

Primary Services: (select up to three from list)
- ❒ Continuing education for the public
- ❒ Cultural heritage programs
- ❒ Digitization and digital library projects
- ❒ Economic development
- ❒ Education-related services for children and teens
- ❒ Information access and services
- ❒ Institutional library services
- ❒ Intergenerational programs
- ❒ Interlibrary loans
- ❒ Library development
- ❒ Literacy programs
- ❒ Mobile services
- ❒ Outreach services
- ❒ Software and equipment
- ❒ Staff development, education and training
- ❒ Technology infrastructure
- ❒ Training for the public
- ❒ Virtual library services

Start Date (between 10/1/03 and 9/30/05; use the date on your award letter) _____

End Date (between 10/1/03 and 9/30/05; use the date your project was complete) _____

Check all that apply to your project:
❒ Statewide   ❒ Partnership   ❒ Exemplary   ❒ Outcome-Based Evaluation

☞   Attach copies of any publicity materials, publications or photographs generated by this project.

BUDGET FORM

Grant Number: _____   **LSTA 2004 Funds Awarded**: _____

	LSTA Funds	**Local Funds** (cash or in-kind)	**Total Funds**
(Round all amounts to nearest dollar)			
1. <u>Salaries & Benefits</u> (List each position separately)	— NA —	$_____	$_____
_____	— NA —	$_____	
_____	— NA —	$_____	
2. <u>Contractual Services</u> (List each Vendor separately)	$_____	$_____	$_____
_____	$_____	$_____	
_____	$_____	$_____	
3. <u>Travel</u> **(compute at state rate)**	$_____	$_____	$_____
4. <u>Equipment</u>	$_____	$_____	$_____
5. <u>Software</u>	$_____	$_____	$_____
6. <u>Library Collection Materials</u> (Print & Non-Print)	$_____	$_____	$_____
7. <u>Supplies</u>	$_____	$_____	$_____
8. <u>Other</u> (specify)	$_____	$_____	$_____
TOTALS	**$**_____	$_____	$_____

I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all outlays are for the purposes set forth in the grant.

Project Contact Signature: _____ Date: _____

Library Director Signature: _____ Date: _____